



**State of Louisiana**  
Department of Health and Hospitals  
**BAYOU HEALTH**

January 25, 2013

Ms. April Golenor  
Plan President  
UnitedHealthcare Community Plan  
3838 N. Causeway Blvd., Suite 3225  
Metairie, La. 70002

RE: Corrective Action Required

Dear Ms. Golenor,

UnitedHealthcare Community Plan (UHC) must maintain an automated Management Information System (MIS) which accepts provider claims, verifies eligibility, validates prior authorization, preprocesses and submits claims data to DHH's Fiscal Intermediary (Molina) that complies with DHH and federal reporting requirements. UHC shall ensure that its System meets the requirements of the Contract and all applicable state and federal laws, rules and regulations, including Medicaid confidentiality and HIPAA and American Recovery and Reinvestment Act (ARRA) privacy and security requirements.

This correspondence details multiple deficiencies that will require UHC to address through the development of Corrective of Action Plans. The deficiencies are as follows:

**Deficiency #1**

**Failure to review for and submit required documentation to Molina for manually priced claims**

On October 2012, DHH Bayou Health Staff met with members of both Shared Plans to outline processes by which Shared Plans submit supporting medical documentation received from providers attached to original claims, to Molina for final adjudication. A written document was provided which outlined specific responsibilities of Shared Plans.

The Agenda provided by UHC for the call held on 1/22/13 with DHH, specifically stated the following:

**Manual Pricing Documentation**

- a.** Update
- b.** Confirm need for MR documentation = UHC does not retro review – will Molina?
- c.** Specifically, we need to send documentation related to MP claims and for those that are for codes marked MP and MR both. However, how about those that are just MR
- d.** Confirmation, we know Molina needs the 20 digit ICN

As directed in the October document, claims that require Medical Review, the Plan shall conduct their own internal Medical Review to determine if the claim meets the plan defined Medical Review criteria. Therefore, the above statement that UHC does not retro review would be in direct violation of the contract.

In addition, an FTP site was setup by Molina to allow for the secure delivery of supporting medical document from the Plan. Testing was performed in November by UHC and approved by Molina. As of this date, UHC has not successfully submitted any supporting documentation to Molina for claims adjudication. Although UHC timely submitted the claims, they remain pending at Molina for lack of supporting documentation from UHC.

## **Deficiency # 2**

### **Improper denial of claims involving TPL**

In July 2012, it was brought to DHH's attention that claims submitted to UHC were denying with Error Code 273 (3RD PARTY CARRIER CODE MISSING-REFER TO CARRIER CD LIST). UHC responded that it was a system issue with mapping data where the carrier code was being left off.

Since that date, DHH has discussed weekly UHC's attempts to identify within its system not only the cause of this issue, but the need to implement a permanent fix to provide resolution. On December 4, 2012 per the UHC Agenda, DHH was advised that UHC was on track to have all previously submitted claims resent to Molina. UHC verified compliance at the end of December. However, DHH has been notified by providers that this issue has not been resolved, as they are still receiving denials. The weekly CP-0-90 report also indicates that a problem still exists.

## **Deficiency # 3**

### **Improper denial of claims with SSN**

UHC front-end rejected a Provider's Professional Claims because it contained a SSN in field 25 (Federal Tax ID/SSN/EIN) of the CMS 1500 (837P), which is a non-required field for Louisiana Medicaid. The rejection letter submitted by UHC to the Provider indicated "Other: PLS resub with TIN not SSN #" as the reason for rejection.

UHC's system denied claims due to the fact that UHC's provider file did not include a SSN for some Providers. UHC receives a provider file from Molina every Monday. With updates in the April 2012 Systems Companion Guide Version 3.0, this provider file started including both TIN and SSN's of providers as applicable in Molina's Provider File - on line 260. As both numbers require a 9 digit number, TIN's can be identified with a leading '7'. Providers enroll in Medicaid with one or the other. This information is already being provided to UHC on a weekly basis.

UHC must be able to accept and process claims systematically and assure DHH that UHC will not deny claims if they include either a TIN or SSN. This has no bearing on whether or not a provider participates in the Louisiana Medicaid Deferred Compensation Program, as that participation is not relevant to the overarching problem of the denial of the claims themselves. It really has no bearing on whether or not UHC edits on this field; however, if UHC does, then it must be done correctly. UHC cannot reject a claim because it is submitted with a SSN instead of TIN in this field. If UHC chooses to allow a SSN as a valid value, and UHC needs to bounce this against the UHC provider file as being valid, then UHC must maintain that data in its files.

The ramifications of these outstanding issues are enormous, resulting in providers not being paid timely and claims being inappropriately denied. The results of these issues, finds UHC woefully out of compliance with its contract with DHH.

Pursuant to Section 20 of the contract, DHH is taking the following Administrative Action:

UHC shall submit to DHH for approval individual Corrective Action Plans (CAPs) for **each** deficiency identified. Each CAP must be submitted to the attention of Darlene White, at [Darlene.White@la.gov](mailto:Darlene.White@la.gov) by 12:00 p.m. (CST) Friday, February 1, 2013. Each CAP must contain:

- A detailed action plan specifying all steps, actions and timeframes necessary to address and resolve the deficiency within 5 calendar days of the approval of the CAP; and
- An explanation of how UHC will prevent a reoccurrence of this or similar deficiencies.

Failure to meet the requirements outlined in this letter could result in monetary penalties. If you have any questions, please contact Darlene White at 225-342-5924 or [Darlene.White@la.gov](mailto:Darlene.White@la.gov).

Sincerely,



Madeline W. McAndrew  
Bayou Health Director

C: Ruth Kennedy  
Mary TC Johnson  
Dawn Love  
Darlene White  
Susan Badeaux